FORM G-55 (REV. 2006)

STATE OF HAWAII — DEPARTMENT OF TAXATION

— AMENDED — ANNUAL RETURN & RECONCILIATION

DO NOT WRITE IN THIS AREA	17

			L EXCISE/USE TAX F AR YEAR 20	KETUKN									
	OR FISCAL YEA												
	OIT HOUSE TEA			DAY	YR.								
NA	AME:												
ΙΔ	ST 4 DIGITS OF YOUR	FFII	N OB SSN:		HAWAII T	ΔΥΙ	D NO W					_	
	IS FORM SHOULD BE USED (BETURN				 FF YF	ABS OF	THE	DUE DATE	OR FI	II ING
	TE OF THE ORIGINAL RETUR		HICHEVER IS LATER.										
	BUSINESS		VALUES, GROSS PROCEEDS OR GROSS INCOME	EXEMPTIC (Attach	NS/DEDUCTIONS Schedule GE)	1	TAXABLE INCOME	:	RATE		TAXES	3	
<u> </u>	ACTIVITIES	<u>a</u>		b	C	(colu	mn a minus colun	nn b)		d			
	ART I — GENERAL EXCI	П		<u>1/2 OF 1</u>					005	П			
_	Wholesaling	1	00	-	00			00	.005	-			1
	Manufacturing	2	00		00			00	.005				2
3. 1	Producing Wholesale Services	3	00	1	00			00	.005				3
ī		6 17	00		00			00	.005				5
D /	Jse Tax on Imports For Resale ART II — GENERAL EXC			10/- (0/1				00	.005				
	Retailing	8	and USE TAXES @	4 /8 (.04 	00			00	.04				1
2 0	Services Including Professional	9	00		00			00	.04				2
	Contracting	10	00	1	00			00	.04				3
4.1	heater, Amusement, and Broadcasting		00		00			00	.04				4
-	nterest	12	00		00			00	.04				5
6. (Commissions	13	00		00			00	.04				6
7.	Fransient Accommodations Rentals	14	00		00			00	.04				7
8. (Other Rentals	15	00		00			00	.04				8
6. 0 7. 1 8. 0 9. 7 10.	All Others	16	00		00			00	.04				9
10.	Use Tax on Imports For Consumption		00		00			00	.04				10
P/	<u> ART III — INSURANCE C</u>	ОМІ	<u> MISSIONS @ 0,15%</u>	(.0015)						_			
′—	1. Insurance Commissions 7 00 00 00 00 .0015 COMPLETE PARTS IV AND V ON PAGE 2 BEFORE COMPLETING PART									<u> </u>			1
			KTS IV AND V O MUST complete Par									√	
P/ 1. 2.	ART VI — TOTAL RETUR		·		iay so casjeet	10 4	o /o portainty i	01 110			,		
1.	TOTAL TAXES DUE. Add the				ment of Taxes by	District	t" and enter here	e. If yo	u				
<u> </u>	did not have any activity for							,		1			
	PENALTIES \$		ITEREST \$	ASSES	SED DURING TH	IE PEF	RIOD			2			
3.	TOTAL AMOUNT DUE. (Add		· · · · · · · · · · · · · · · · · · ·				Г		_	3			
4.	TOTAL TAXES PAID WITH YO					4							
5.	ADDITIONAL ASSESSMENTS					5							
6.	PENALTIES \$		ITEREST \$	PAID DU	RING THE PERIOD	6							
7. 8.	TOTAL PAYMENTS MADE (A					7							
9.		CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN 8 NET PAYMENTS MADE DURING THE YEAR (Line 7 minus line 9)								9			
10.		ET PAYMENTS MADE DURING THE YEAR (Line 7 minus line 8) LINE 9 IS LARGER THAN LINE 3, ENTER CREDIT TO BE REFUNDED (Line 9 minus line 3)								10			
11.	IF LINE 3 IS LARGER THAN L		-		`			line 9)		11			
				70.20110	PENALTY	12a							
12.	FOR LATE FILIN	NG	UNLY —		INTEREST	12b				12			
13.	TOTAL AMOUNT NOW DUE	AND	PAYABLE (Add lines 11	and 12)		•				13			
	PLEASE ENTER AMOUNT OF YOUR PAYMENT. (Attach your check or money order payable to												
14.	14. "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank AND Form VP-1 to Form G-55.									14			1
L	Write "GE", the filing period, an	ıd yoı	ur Hawaii Tax I.D. No. on	your check	or money order.)								
15.		AL EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE)											
	If Schedule GE is not attached	, exe	mptions/deductions claim	ed will be d	isallowed.	13							
			DECLARATION: I declare, unde been examined by me and, to the										

the General Excise and Use Tax Laws, and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE DATE TITLE FORM G-55 **17**

PART IV — CITY	& COUNTY OF HON	OLULU :	SURCHAR	GE @ 0.	5%	(.005)						
	GROSS OAHU TAXABLE INCOME a		COUNTY EXEMPTIONS/DEDUCTIONS b (Attach Schedule GE)			COUNTY TAXABLE INCOM		RATE	TAXES d (column c multiplied by rate)			
		00		C	00		00	.005				
PART V — SCHEDULE OF ASSIGNMENT OF TAXES BY DISTRICT (ALL taxpayers MUST complete this Part and may be subject to a 10% penalty for noncompliance.)												
If you did not have any "0.00" in the boxes for 1) IF you did business of lines 1d - 5d: Part II, lines		Oahu Taxation District				Maui Taxation District						
lines 1d - 5d; Part II, lines 1d - 10d; Part III, line 1d; and Part IV, column d. Enter the result in the Oahu Taxation District box. 2) IF you did business in only ONE District OTHER THAN Oahu: add Part I, lines 1d - 5d; Part II, lines 1d - 10d; and Part III, line 1d. Enter the result in the appropriate Taxation District box. 3) IF you did business in MORE THAN one District, complete Form G-75 to determine these amounts.			Haw t III, ox.	Hawaii Taxation District				Kauai Taxation District TOTAL				

Continued on Page 1, Part VI, Line 1.

MAILING ADDRESS:

HAWAII DEPARTMENT OF TAXATION P. O. Box 1425 Honolulu, HI 96806-1425